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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

M S190438.1

| CLAIMS AS FILED - PART I<br>(Column 1)  |  |   |                               |                               |                              | mn 2)            |    | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|-------------------------------|-------------------------------|------------------------------|------------------|----|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 33                            |                               |                              |                  |    | RATE                | FEE                    |         | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED                  |                               | NUMB                         | ER EXTRA         |    | BASIC FEE           | 370.00                 | OR      | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 minus 20=                  |                               | . 13                         |                  |    | X\$ 9=              |                        | OR      | X\$18=                        | 234                    |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =                   |                               | * 3                          |                  |    | X42=                |                        | OR      | X84=                          | 2/2                    |
| MU  | LTIPLE DEPEN                               | IDENT CLAIM P                             | IESENT                        |                               |                              |                  |    | +140=               |                        | OR      | +280=                         | 70                     |
| * If  | the difference                             | in column 1 is                            | ess than zero, enter "0" in c |                               |                              | olumn 2          | 1  | TOTAL               |                        | OR      | TOTAL                         | 1226                   |
|   | С  | LAIMS AS A                                | MENDED                        | MENDED - PART II              |                              |                  |    |                     |                        | 1       | OTHER                         |                        |
|   |  | (Column 1)                                |                               | (Colur                        |                              |                  |    | SMALL E             | NTITY                  | OR      | SMALL                         |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                      | *   | Minus                         | **                            |                              | =                |    | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|   | Independent                                | *   | Minus                         | ***                           | T CL AINA                    | =                |    | X42=                |                        | OR      | X84=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                               |                               |                              |                  |    | +140=               |                        | OR      | +280=                         |                        |
|   |  |   |                               |                               |                              |                  |    | TOTAL               |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|   |  | (Column 1)                                |                               | (Colu                         | mn 2)                        | (Column 3)       |    | ADDIT. FEE          | ,                      |         | ADDII. FEE                    |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                      | *   | Minus                         | **                            |                              | =                |    | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|   | Independent                                | *   | Minus                         | ***                           |                              | <u> </u>         | 41 | X42=                |                        | OR      | X84=                          | •                      |
|   | FIRST PRESE                                | NTATION OF M                              | JLTIPLE DEF                   | PENDEN                        | T CLAIM                      |                  | ١  | +140=               |                        | OR      | +280=                         |                        |
|   |  |   |                               |                               |                              |                  |    | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                               |                               |                              |                  |    |                     |                        |         |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                               | NUM<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total                                      | *   | Minus                         | **                            |                              | =                |    | X\$ 9=              |                        | OR      | X\$18=                        |                        |
|   | Independent                                | *   | Minus                         | ***                           |                              | =                | 4  | X42=                |                        | OR      | X84=                          |                        |
| Ļ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT ( |   |                               |                               |                              |                  | 4  | +140=               |                        |         | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE |  |   |                               |                               |                              |                  |    |                     |                        | OR      | TOTAL                         |                        |
|   |  | mber Previously P<br>Imber Previously P   |                               |                               |                              |                  |    | ADDIT. FEE          |                        | OR      | ADDIT. FEE                    | L                      |
|   |  | nber Previously Pa                        |                               |                               |                              |                  |    | ınd in the app      | propriate box          | x in co | lumn 1.                       |                        |